

Abstract 287

TITLE: Social Oppression, Resiliency and Sexual Risk: Findings from the National Latino Gay Men's Study

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OBJECTIVES: As a vulnerable group highly affected by the AIDS epidemic, Latino gay men in the US show some of the highest rates of HIV seroprevalence, seroconversion and risky sexual behavior. The present study was designed to examine quantitatively the relationship between sociocultural factors--financial hardship, racism, homophobia, domestic violence and childhood sexual abuse --and sexual risk behavior within a sample of Latino gay men (N=912) in three US urban centers. The study also examined the role of potential resiliency factors--coming out, gay and political activism, and health service utilization--as moderators of the relationship between social oppressive factors and sexual risk.

METHODS: Using venue-based probabilistic sampling procedures, a sample of men entering Latino gay bars in Miami, Los Angeles and New York City were approached and screened for study eligibility within a oneweek period. Eligibility criteria included Latino and non heterosexual selfidentification, city resident, and first time at the venues that week. 61% of the men approached agreed to be screened and of those screened, 50% were found eligible for the study. 86% of eligible men gave contact information and a total of 912 were individually interviewed, at a later time and different location, using a survey instrument especially designed for the study of sociocultural factors and sexual risk.

RESULTS: Preliminary analysis of unweighted data shows that 39% of the sample reported unprotected anal intercourse with at least one of their two most recent sexual partners; 18% of the men (the "highrisk" group) reported the behavior with nonmonogamous recent partners. High risk men reported significantly higher rates of financial hardship ($p<.005$), experiences of racism ($p<.001$), experiences of homophobia ($p<.0001$), incidents of domestic violence ($p<.0001$), and a history of coercive childhood sexual abuse ($p<.05$). Statistically significant relationships were also found between social factors and substance use, and between substance use and high risk sexual behavior, in particular frequent alcohol and methamphetamine use.

CONCLUSION: The risk for HIV infection and/or transmission cannot be simply considered a characteristic of "risky" individuals. The data suggest that risk is shaped by important sociocultural contexts that limit individuals' ability to protect them against HIV. Prevention programs must take into account the role of social context, in particular the role of oppressive factors that limit individuals' sexual selfregulation and selfdetermination.

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